

Utah Stop-loss Disclosure

Insurer Information

Insurer Legal Business Name			Today's Date ___/___/___
Street Address	City	State	Zip

Insured information

Employer Legal Business Name

Stop-Loss Contract Features

Contract Type	___/___	Effective Date	___/___/___	Termination Date	___/___/___
Covered Employees (at application)		Covered Lives (at application)			
Specific Attachment Point	\$	Aggregate Attachment Point		% (% of expected claims below specific att. point)	
			\$	(Dollar equivalent of % of expected claims)	
Renewability(R590-85-3) Conditionally Renewable <input type="checkbox"/> Non-Cancelable <input type="checkbox"/> Guaranteed Renewable <input type="checkbox"/> Optionally Renewable <input type="checkbox"/>					

Liability Exposure

	Monthly Cost*	Contract Period Cost*
Fixed Costs		
Specific Stop Loss Premium	\$	\$
Aggregate Stop Loss Premium	\$	\$
Other Fixed Fees (if any)	\$	\$
Subtotal Fixed Costs	\$	\$
Variable Costs		
Retained Claims Not Covered by Stop Loss		
Min	\$	\$
Expected	\$	\$
Max	\$	\$
Other Variable Fees (if any)		
Min	\$	\$
Expected	\$	\$
Max	\$	\$

Total Employer Outlay (Including impact of Monthly Accommodation if supported)	Monthly Rate	Contract Period Cost
Min	\$	\$
Expected	\$	\$
Max	\$	\$

* Based on Initial Enrollment

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Limitations on Coverage

Description of Monthly Accommodations

Description of Terminal Liability Funding